Case Number:	CM13-0054789		
Date Assigned:	12/30/2013	**Date of Injury:**	11/09/1998
Decision Date:	03/25/2014	**UR Denial Date:**	10/31/2013
Priority:	Standard	**Application Received:**	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 9, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid agents; barbiturate containing analgesics; prior cervical spine surgery; and unspecified amounts of massage therapy and osteophytic manipulative therapy over the life of the claim. In a Utilization Review Report of October 31, 2013, the claims administrator denied a request for trigger point injections, partially certified a request for Percocet for weaning purposes, denied a request for butalbital without a weaning supply of the same, and approved a request for ibuprofen. The claims administrator stated that the trigger point injections were denied on the grounds that the applicant did not clearly appear to have myofascial pain. There is no improvement of function associated with Percocet, the claims administrator stated. The applicant's attorney subsequently appealed. An earlier clinical progress note of November 20, 2013 is notable for comments that the applicant report 7/10 neck pain. The applicant states that her medication is not helpful. She is not considering any surgical remedy. She is on Percocet four to five (4-5) times a day, Soma, Motrin, Ambien, and Lidoderm. The applicant states that there is moderate interference in her ability to perform activities of daily living secondary to pain. Percocet, Soma, and Motrin are renewed nevertheless. The applicant does apparently have limited range of motion with intact sensation and reflexes about the upper extremities. An earlier note of October 23, 2013 is notable for comments that the applicant has benefitted from trigger point injections in the past but has not had any recent such injections. She states that she has notch present about the cervical spine. She states that usage of medications results in a drop in pain level from 6/10 to 4-5/10. The applicant is described as "unable to work" with permanent restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) trigger point injection to bilateral trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The Chronic Pain Guidelines indicate that no repeat injections should be performed uncles there is greater than 50% pain relief for six (6) weeks and there is documented evidence of functional improvement. In this case, the applicant has had prior trigger point injections. There is, however, no documented evidence of functional improvement as defined in the parameters established in the guidelines. The applicant has failed to return to work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant on various medications and injections. Repeat trigger point injections are not recommended in this context. Therefore, the request is no certified, on Independent Medical Review.

One (1) prescription of Percocet 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Chronic Pain Guidelines indicate that the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not clearly been met. The applicant has failed to return to work. The applicant is seemingly reporting heightened pain on the most recent office visits in question. There is no clear evidence of improved ability to perform non-work activities of daily living. Rather, a recent progress note seemingly suggested that the applicant's ability to perform activities of daily living is diminished secondary to pain. Finally, while there is some marginal reduction in pain scores from 6-10 to 4-5/10 reportedly effected as a result of ongoing Percocet usage, this appears to be outweighed by the applicant's failure to return to work and reported inability to perform non-work activities of daily living. Accordingly, the request is not certified, on Independent Medical Review.

One (1) prescription of Butalbital, Acetaminophen, caffeine #20:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The Chronic Pain Guidelines indicate that barbiturate containing analgesics such as butalbital are "not recommended" for treatment of any chronic pain syndrome, as is seemingly present here. Again, as with the other drugs, moreover, the applicant has failed to effect any lasting benefit or functional improvement as defined in the guidelines despite prior usage of the butalbital. The applicant has failed to return to work. The applicant seemingly reports heightened pain and diminished ability to perform activities of daily living despite ongoing butalbital usage. The applicant remains reliant on a slew of analgesic medications, including Soma, Motrin, Percocet, butalbital. All the above, taken together, argue against any functional improvement effected through ongoing butalbital usage. Therefore, the request is not certified.